



GAU 1763
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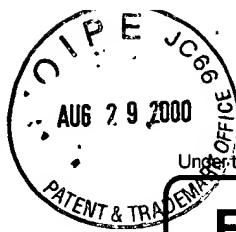
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/298,064
		Filing Date	April 22, 1999
		First Named Inventor	Guangcai Xing
		Group Art Unit	1763
		Examiner Name	Zervigon, R.
Total Number of Pages in This Submission	14	Attorney Docket Number	2616.US/RTP/LE

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s), <i>(please identify below):</i>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William Thomas Babbitt, Reg. No. 39,591 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN
Signature	
Date	8/23/00

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: August 23, 2000	
Typed or printed name	Nedy Calderon
Signature	
Date	08/23/00

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
 These are the fees effective October 1, 1997.
 Small Entity payments must be supported by a small entity statement.
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
 See 37 C.F.R. §§ 1.28 and 1.28

TOTAL AMOUNT OF PAYMENT (\$ 380.00)

Complete if Known	
Application Number	09/298,064
Filing Date	04/22/99
First Named Inventor	Guangcai Xing, et al.
Examiner Name	Zervigon, R.
Group Art Unit	1763
Attorney Docket Number	2616.US/RTP/LE

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account
 Number

Deposit Account
 Name

Charge Any Additional Fee Required
 Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money
 Order Other

FEE CALCULATION (fees effective 10/01/96)**1. FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	9 - 20** =	0	X	18.00	=	\$0.00
Independent Claims	3 - 7** =	0	X	78.00	=	\$0.00

Multiple Dependent Claims

*or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	270	204	135	Multiple Dependent claim
109	78	209	39	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

SUBTOTAL (3) (\$ 380.00)

* Reduced by Basic Filing Fee Paid

Complete (if applicable)

Typed or Printed Name	William Thomas Babbitt, Reg. No. 39,591	Telephone	(310) 207-3800
Signature		Date	8/23/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.